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24129 7590 10/18/2004

NAVAIRWD COUNSEL GROUP
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| | |
|--------------------|--------------------|
| TRUDI SLONE | (Depositor's name) |
| <i>Trudi Slone</i> | (Signature) |
| October 21, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/627,045 | 07/28/2003 | Marvin L. Ryken JR. | 84894 | 3754 |

TITLE OF INVENTION: REDUCED SIZE GPS MICROSTRIP ANTENNA

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1370 | \$300 | \$1670 | 01/18/2005 |

| EXAMINER | ART UNIT | CLASS-S UBCLASS |
|-----------------|----------|-----------------|
| CHEN, SHIH CHAO | 2821 | 343-7000MS |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

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- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. DAVID S. KALMBAUGH

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE
United States of America
as represented by the
Secretary of the Navy

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Washington, DC

10/22/2004 AWONDAF2 00000039 500931 10627045
01 FC:1501 1370.00 DA
02 FC:1504 300.00 DA
03 FC:8001 15.00 DA

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature David S. KalmbaughDate October 21, 2004Typed or printed name DAVID S. KALMBAUGHRegistration No. 29,234

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Trudi Slone
Signature

TRUDI SLONE
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Attorney Docket No. 84894

Attached Paper(s) or Fee(s):

| | |
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| Transmittal Form | 1 page |
| PTOL-85 Fee(s) Transmittal Form (2 copies) | 2 pages |

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| | | | |
|---|----------------------|------------------------|-------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/627,045 | |
| | Filing Date | 7/28/03 | |
| | First Named Inventor | RYKEN, Marvin J. | |
| | Art Unit | 2821 | |
| | Examiner Name | CHEN, Shih Chao | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 84894 |

ENCLOSURES (check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing - related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please identify below) PTOL-85 Fee Transmittal Form |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|--------------------|--------|
| Firm or Individual Name | David S. Kalmbaugh | 29,234 |
| Signature | | |
| Date | 21 Oct 2004 | |

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| Typed or Printed Name | TRUDI SLONE | | |
| Signature | | Date | 21 Oct 2004 |

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